

**San Ysidro School District - 2027 Certificated Tentative Rates \$13,260**

| Plan + Dental one party coverage | Monthly Payroll Deduction | Monthly Employer Contribution | 2027 Medical Plan Monthly Cost |
|----------------------------------|---------------------------|-------------------------------|--------------------------------|
| <b>Kaiser (10)</b>               |                           |                               |                                |
| Single + Metlife                 | -                         | 997.00                        | 997.00                         |
| Single + Delta                   | -                         | 997.00                        | 997.00                         |
| Dual + Metlife                   | 717.89                    | 1,248.11                      | 1,966.00                       |
| Dual + Delta                     | 725.20                    | 1,240.80                      | 1,966.00                       |
| Family + Metlife                 | 1,346.66                  | 1,425.34                      | 2,772.00                       |
| Family + Delta                   | 1,353.94                  | 1,418.06                      | 2,772.00                       |
| <b>VEBA Direct</b>               |                           |                               |                                |
| Single + Metlife                 | 8.04                      | 1,047.96                      | 1,056.00                       |
| Single + Delta                   | 15.33                     | 1,040.67                      | 1,056.00                       |
| Dual + Metlife                   | 814.64                    | 1,275.36                      | 2,090.00                       |
| Dual + Delta                     | 821.93                    | 1,268.07                      | 2,090.00                       |
| Family + Metlife                 | 1,472.25                  | 1,460.75                      | 2,933.00                       |
| Family + Delta                   | 1,479.53                  | 1,453.47                      | 2,933.00                       |
| <b>Harmony \$10 Sharp</b>        |                           |                               |                                |
| Single + Metlife                 | -                         | 1,031.00                      | 1,031.00                       |
| Single + Delta                   | -                         | 1,031.00                      | 1,031.00                       |
| Dual + Metlife                   | 760.82                    | 1,260.18                      | 2,021.00                       |
| Dual + Delta                     | 768.10                    | 1,252.90                      | 2,021.00                       |
| Family + Metlife                 | 1,394.98                  | 1,439.02                      | 2,834.00                       |
| Family + Delta                   | 1,402.31                  | 1,431.69                      | 2,834.00                       |
| <b>SIMNSA</b>                    |                           |                               |                                |
| Single + Metlife                 | 0.00                      | 323.00                        | 323.00                         |
| Single + Delta                   | 0.00                      | 323.00                        | 323.00                         |
| Dual + Metlife                   | 0.00                      | 528.00                        | 528.00                         |
| Dual + Delta                     | 0.00                      | 528.00                        | 528.00                         |
| Family + Metlife                 | 0.00                      | 825.00                        | 825.00                         |
| Family + Delta                   | 0.00                      | 825.00                        | 825.00                         |

| Plan + Dental one party coverage                      | Monthly Payroll Deduction | Monthly Employer Contribution | 2027 Medical Plan Monthly Cost |
|-------------------------------------------------------|---------------------------|-------------------------------|--------------------------------|
| <b>Journey Harmony Sharp \$1,000/\$1,600/\$2,200</b>  |                           |                               |                                |
| Single + Metlife                                      | -                         | 936.00                        | 936.00                         |
| Single + Delta                                        | -                         | 936.00                        | 936.00                         |
| Dual + Metlife                                        | 580.62                    | 1,209.38                      | 1,790.00                       |
| Dual + Delta                                          | 587.91                    | 1,202.09                      | 1,790.00                       |
| Family + Metlife                                      | 1,136.03                  | 1,365.97                      | 2,502.00                       |
| Family + Delta                                        | 1,143.32                  | 1,358.68                      | 2,502.00                       |
| <b>Alliance \$20/\$30 UCSD/Scipps/Mercy/Childrens</b> |                           |                               |                                |
| Single + Metlife                                      | 101.65                    | 1,074.35                      | 1,176.00                       |
| Single + Delta                                        | 108.94                    | 1,067.06                      | 1,176.00                       |
| Dual + Metlife                                        | 876.24                    | 1,292.76                      | 2,169.00                       |
| Dual + Delta                                          | 883.55                    | 1,285.45                      | 2,169.00                       |
| Family + Metlife                                      | 1,558.51                  | 1,479.49                      | 3,038.00                       |
| Family + Delta                                        | 1,565.86                  | 1,472.14                      | 3,038.00                       |
| <b>UMR Surest PPO</b>                                 |                           |                               |                                |
| Single + Metlife                                      | 393.80                    | 1,165.20                      | 1,559.00                       |
| Single + Delta                                        | 400.97                    | 1,158.03                      | 1,559.00                       |
| Dual + Metlife                                        | 1,527.70                  | 1,509.30                      | 3,037.00                       |
| Dual + Delta                                          | 1,534.87                  | 1,502.13                      | 3,037.00                       |
| Family + Metlife                                      | 2,452.16                  | 1,789.84                      | 4,242.00                       |
| Family + Delta                                        | 2,459.33                  | 1,782.67                      | 4,242.00                       |

| Dental Cost | Delta Dental PPO | MetLife Dental HMO |
|-------------|------------------|--------------------|
| Single      | No Cost          | No Cost (\$38.46)  |
| Two party   | \$44.89          | No Cost (\$38.46)  |
| Family      | \$89.77          | No Cost (\$38.46)  |

**\* Please note, these are estimated rates based on current enrollments. Final rates will vary depending on plan selections during open enrollment.**